COUNTWAY LIBRARY
HC 52NC S

NEW IDEALS IN HEALING

RAY STANNARD BAKER

22.R.80

BOSTON MEDICAL LIBRARY.

PURCHASED .....

BY THE

"Francis Minot" Fund.

NULLA DIES SINE LINEA

NEW IDEALS IN HEALING

Rev. Elwood Worcester, D.D.
FOUNDER OF THE EMMANUEL MOVEMENT

NEW IDEALS IN HEALING

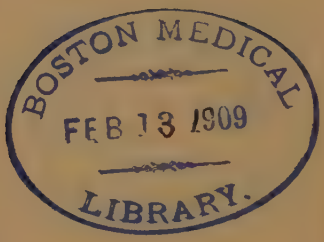
BY

RAY STANNARD BAKER

Author of "Our New Prosperity," "Following the Color Line," etc.

WITH TWELVE FULL-PAGE ILLUSTRATIONS FROM PHOTOGRAPHS

NEW YORK
FREDERICK A. STOKES COMPANY
PUBLISHERS



Ohi 7801

COPYRIGHT, 1909, BY
FREDERICK A. STOKES COMPANY

COPYRIGHT, 1908, BY
PHILLIPS PUBLISHING COMPANY

January, 1909

PREFACE

THIS small book is divided into two parts:

First: The New Healing Mission of the Church. An account of the Emmanuel Movement of Boston, and the work of the Rev. Dr. Elwood C. Worcester and the Rev. Dr. Samuel McComb.

Second: The New Healing Mission of the Medical Profession. An account of the Social Service Department at the Massachusetts General Hospital and the work of Dr. R. C. Cabot, Dr. J. H. Pratt and others.

BOTH of these movements are constructive manifestations of the prevailing intellectual and spiritual unrest. Men everywhere are questioning the validity of old beliefs, demanding of old professions and institutions new proofs of their right to continued existence and approval. Both cler-

gyman and physician, sensible to the fact that they have lost in some degree the authority which they formerly exercised over the lives of men, have been endeavouring in various ways to make themselves more useful to humanity.

Many church leaders have long been depressed by a sense of despondency, inadequacy, futility: they have seen their influence steadily waning: they have sought to find the reason and provide the remedy. The Rev. Dr. Worcester of Boston says: "The plain fact is we are not bringing the full force of our religion to bear upon the hearts and lives of the people." The church has tried various remedies: among them evangelism and institutional activities; but one of the most remarkable is the new movement toward the healing of the sick in the churches—an attempt to minister not only to the moral and spiritual natures of men, but to cure their physical ills. This is the Emmanuel Movement, which is attracting people in every part of the country.

On the other hand, the medical profession

has been equally disturbed by its waning authority. Thousands of men and women have turned aside to such movements as Christian Science, and the New Thought. The public generally has grown sceptical regarding many of the practices of the medical profession. The doctor has asked himself, How shall I gain a stronger influence over men's lives? Like the clergyman, he is beginning to recognise the fact that service, after all, is the final test of institutions and professions. Who serves men most, and serves most unselfishly? Upon the answer to that question rests the survival of every institution and profession.

As the Emmanuel Movement is only one of many new efforts or experiments of the church to place itself in the full current of the new thought, so the work of Dr. Cabot in extending the influence and service of the hospital is only one of many notable activities of the medical profession. As religion is seen to have a profound effect not only on a man's soul, but on his body, so medicine is seen to be bound up with all sorts of new

social and political and economic problems. The clergyman is discovering that a man has a body: and the doctor, that he has a soul. Both are taking a larger view of humanity: and both are seeking earnestly to serve humanity more unselfishly.

The movements here described are both great experiments. They may not yet have attained the form which they will ultimately assume; but both are significant, and hopeful. Observing the spirit of enthusiasm in which the new work is being undertaken by both minister and doctor, one feels like saying with the venerable Justice Brewer of the United States Supreme Court:

"I wish the next fifty years were before me, that I might witness and participate in their events, for the coming half century is to be a marvellous period in history. Great inventions will be made, remarkable discoveries will be brought to light, civilisations will advance, humanity will progress, and I believe our nation will approach nearer the blessings of peace, comfort, and happiness."

ILLUSTRATIONS

PART I

HEALING THE SICK IN THE CHURCHES

Dr. Elwood Worcester, D. D. . . . . *Frontispiece*

FACING PAGE

Rev. Samuel McComb, D. D. 16

Dr. James J. Putnam
Dr. Morton Prince
Dr. Weir Mitchell 24

Treatment of a Patient 30

Rev. Loring W. Batten, D. D.
Bishop Samuel Fallows
Dr. Isador H. Coriat 44

PART II

THE NEW MISSION OF THE DOCTOR

Dr. Richard C. Cabot 56

Dr. J. H. Pratt 74

Dr. John B. Hawes 88

A Device for Sleeping out of Doors
Seeking Fresh Air under Difficulties 92

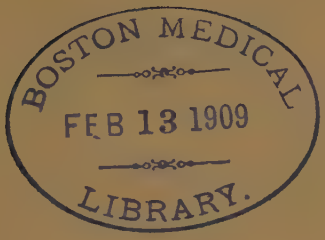
Fresh Air is Sought in Back Yards 96

Sleeping Quarters on the Roof 100

Graduates of the Tuberculosis Class 104

PART I

HEALING THE SICK IN THE CHURCHES



HEALING THE SICK IN THE CHURCHES

"It is quite obvious that a wave of religious activity, analogous in some respects to the spread of early Christianity, Buddhism and Mohammedism, is passing over our American world."

—Professor WILLIAM JAMES, of Harvard.

MANY Protestant churches in various parts of the country—not to speak of hundreds of Christian Science churches—are conducting "religious clinics" or health services for the healing of the sick. Beginning with the work of the Rev. Dr. Elwood Worcester and his associate, the Rev. Dr. Samuel McComb, at Emmanuel Church in Boston in 1906, the movement has spread with a rapidity which indicates that it must have met a genuine human need.

On the other hand, many doctors, health departments and hospitals are extending their work into wholly new fields, social,

psychic, philanthropic, which were formerly more or less within the province of the church. Both minister and physician, in these times of spiritual unrest, have grown discontented with their former successes. A new relationship is seen to exist between religion and medicine. Religion is reaching out over debatable ground to do the work of the doctor; the doctor is reaching out over debatable ground to do the work of the church.

What, then, are these extraordinary new movements? How did they originate, what are they doing now, what are their possibilities and limitations? In answering these questions we shall not only come to a more complete understanding of the new movements, but we shall be able to see something of the conditions of spiritual unrest to which they are evident responses.

For years past Emmanuel Church has been regarded as one of the most successful churches in Boston. It has had the largest membership of any Episcopal church in the city. It has had a wealthy and generous fol-

lowing. It has had able ministers. No other church in Boston, and few in America, have gone further with institutional activities, for none has felt more keenly the need of some agency to soften the strain of modern economic relationships. Its clubs, classes, camps, gymnasiums, its hospital work and other activities are widespread and highly developed. In Emmanuel Memorial house, located in one of the poorer neighbourhoods of Boston, it conducts what is to all intents and purposes a social settlement. An examination of the year book of the church is a revelation of extraordinary activities such as no church of twenty years ago would have dreamed of undertaking.

A DISCONTENTED CHURCH

And yet, somehow, all this success, these widespread activities, were not enough. Something was lacking. Dr. Elwood Worcester, the rector, wrote in one of his annual reports:

"The people are very willing to accept what we offer them in the way of fine par-

ish buildings, libraries, gymnasiums, music, trade-schools, art classes, and, in some instances, baths; and these things are of incalculable importance as elements of a well-ordered life. But the best that the Christian Church has to offer men is the religion of Jesus Christ, and this all our social endeavours do not seem to make our people particularly anxious to receive at our hands."

Dr. Worcester also voices the disheartenment of the ministry over the fact that the churches are not performing their function.

"I have heard many of the ablest and most conscientious clergymen of our church confess with tears that they are doing this (social) work with a sense of despondency and humiliation because they do not feel that they are giving their people the best they have to give. In other words, the Church of Christ cannot maintain and propagate itself by anything less comprehensive, less spiritual and tremendous than the Christian religion, and the plain truth is, we are not bringing the full force of our religion

to bear upon the hearts and lives of the people."

It was this deep conviction of failure that caused Dr. Worcester and Dr. McComb to try the experiment which has resulted in the truly notable Emmanuel Movement. They asked themselves what it was, in times past, that made the church strong. Was it not the fact that the church had something to give to men and women which, down in their hearts, they desired above everything else? In its periods of real power and faith, the church has never been compelled to seek men; at such times men have passionately sought the church.

"The Christian religion began its mission," says Dr. Worcester, "with an enormous sense of power. Taking its stand in the very centre of the universe—the soul of man—the church had gifts to bestow, gifts for all. In those days no one touched the religion without being transformed by it."

HOW THE CHURCH HAS LOST ITS HOLD

The problem was how to reinspire the

church with its old faith and power. The failure in the past has been due to no lack of willingness on the part of the ministry. Thousands of leaders of the church would willingly lay down their lives if they might experience the joy of transforming men's lives. Nothing, indeed, is more pathetic in this world than the spectacle of the good man who is seeking to do good, but cannot. Instead of increasing power in the church, the ministry has seen its influence lessening. Many Americans whose ancestors looked to the church as the chief inspiration of their daily existence no longer attend any church. Other thousands, though still nominally members or attendants, have ceased to admit the church or its ministers as a really vital influence in their lives. With expensive equipment, large funds, an educated clergy, often costly music and other attractions, the church, taken as a whole, no longer leads or even deeply stirs the American people. Able young men do not go into the ministry as they once did; in 1907 there were seven hundred fewer students in fifty-eight Prot-

estant theological seminaries than there were twelve years ago. Ministers generally are underpaid and often disheartened with the prevailing apathy and neglect. Many churches, especially in the East, stand empty and deserted.

The Catholic church has apparently fared better than the Protestant churches, because it has been constantly recruited from the ever-swelling stream of immigration from the Catholic countries of southern Europe. But the Catholic church is also discontented. The second generation of foreigners, whether Catholic or Jew, tends to slip away from church influences. A Catholic priest recently put it thus vigorously:

"Americanising means the loss of the man to the church."

Is not this an extraordinary statement? Is Americanism irreligious?

NEW WAVE OF RELIGIOUS ENTHUSIASM

But in spite of these striking facts, we hear a clear-sighted observer like Professor

James saying that "a wave of religious activity, analogous in some respects to the spread of early Christianity, Buddhism and Mohammedism, is passing over our American world." In short, there is not less of moral enthusiasm or spiritual activity in America, rather far more of it, but the church somehow has ceased to lead or inspire it as it did in former times.

Dr. Worcester felt deeply this condition. What should be done, in Emmanuel Church, to get back the power of inspiring and transforming men's lives?

In order to reach any clear understanding of the Emmanuel Movement, it will be necessary to consider, as a foundation, some of the larger movements of modern thought.

The world is just now being swept with a great wave of idealistic philosophy. It is a rebound from the years of materialism and materialistic philosophy which swayed the intellectual and spiritual life of men during a large part of the last century. It is the return of the pendulum of human thought which ever oscillates between the material

and the spiritual interpretations of life, less of Herbert Spencer, Huxley and Haeckel, and more of the German idealists and the modern psychologists.

THE NEW IDEALISM

The new idealism lays its emphasis upon the power of mind over matter, the supremacy of spirit. Its thinkers have interested themselves as never before in the marvellous phenomena of human personality, most of which were contemptuously regarded by the old materialistic science. The wonders of the human mind, the attribute we call consciousness, the self, the relation of mind to mind, telepathy, the strange phenomena of double or multiple consciousness, hypnotism, and all the related marvels, are now crowding for serious attention, and promise to open to us new worlds of human knowledge.

Now, every great philosophical and scientific movement has its popular and practical reflex. Just as the spread of the materialistic philosophy in the last century was accom-

panied the world over by a wave of so-called "rationalism," infidelity and agnosticism, among the people, so the present wave of idealistic philosophy finds expression in a number of most remarkable popular movements. Every philosophy has its correlated faith: the faiths of the materialistic nineteenth century were pessimistic, negative, deterministic, while the new faiths are optimistic and positive. "I do not" and "I cannot" are superseded by "I do," "I know," "I will." They are expressed in the spreading and significant Christian Science and New Thought movements, in the rise to power of leaders of the type of Dowie, in the revival in interest in spiritualism as a religion, in the idealistic side of socialism. At the very time that the philosophers and psychologists were *thinking* their way to the new philosophy, P. P. Quimby and Henry Wood and Mrs. Eddy and Dowie and many others were *feeling* their way toward new popular faiths. The world was weary of the old materialism, and the revolt, which some men reasoned out while others only felt, came alike to all.

And necessarily it has deeply affected both religion and medicine. The scientific spirit of the last century, turning its cold, necessary gaze upon the Bible, upon church history, upon religious phenomena, relentlessly cutting away accumulations of superstition and error, for a time dampened and confused the ardour of a primitive faith. Critical examination, coming at a time when the world was also undergoing swift material changes, in which men's minds were consumed with the thirst for wealth and conquest, tended to rob the church of its ancient influence. The churches themselves grew rich and materialistic, and like any other entrenched institution, they have accepted the new idealism with intense reluctance. They are naturally aristocratic and conservative, rather than democratic and liberal. Most of them yield only when some diet of defiance is nailed to their doors.

From time to time, indeed, the spirit blazed up in widespread revivals which were often unconnected with organised religious bodies. It appeared in such democratic re-

volts as the Salvation Army. It has expressed itself on the ethical side in extraordinary reform movements in politics and industry, but for the most part the church remained unaffected. Divided into warring sects, it busied itself with acrimonious and wearisome disputes over creeds and interpretations; it cast out heretics. It had no sure sense for that which was extinct.

POWER OF CHRISTIAN SCIENCE

When men and women wanted the Spirit of the new idealism they sought it, rightly or wrongly, elsewhere. Men and women flocked to the Christian Science movement; or gave their money and placed their lives in Dowie's hands; or surrendered themselves to the peace of the New Thought; or eagerly, pathetically, sought out the spiritualistic séance; or became passionate socialists, making of Socialism a very real religion; or satisfied themselves in an unselfish devotion to reform movements in municipal and State politics—all wholly or mostly out-

side of the churches. In short, they followed blindly—and are following to-day—any movement which had in it a spark of the new thing their souls required. It is noteworthy that the Christian Scientists have not had to go out for a single convert, nor establish a single costly gymnasium, nor conduct a single settlement; and the socialist, instead of receiving personal advantages for being a member of the party, has willingly paid to join!

Surely there is a deep significance in the fact that hungry people have rushed forward to accept these new faiths, and have been willing to give their lives and their money to sustain them. The new faiths must have something of life and vitality in them—a certain response to the main currents of the world's thought—which cannot be disregarded or overlooked. Tell a Christian Scientist that Mrs. Eddy is a jealous autocrat, or a Dowieite that Dowie was a charlatan, or the spiritualists that the medium he goes to is a fakir, or the revolutionary socialist that his dream of a perfect state

is the veriest nonsense, and he will reply, "Whereas I was blind, now I see." Something has changed the man's life, and his conviction, so far as he is concerned, confutes the logic of the wise. It is unanswerable. No church, offering glorious traditions, aristocratic associations, costly music, or clubs or classes, can compete for an instant with a faith which works marvels in men's souls.

Let us now return to the Emmanuel Movement, which may best be approached, perhaps, through the men who originated it.

PERSONALITY OF DR. WORCESTER AND DR. M'COMB

The Rev. Dr. Elwood Worcester is a stout, solid, vigorous man who wears by preference a business suit and looks like an energetic business man. A lover of outdoor life, no year passes when he does not go hunting in the Rocky Mountains, or fishing in Newfoundland, or exploring and pearl-hunting in Labrador. Born in Ohio, he

came up fighting, making his own way. After graduating at Columbia University he told Bishop Potter that he wanted to lay the foundations of his theological training in Germany. But the Bishop objected.

"No," he said, "you stay here and graduate at the seminary; then you will not be tinged with German rationalism."

"If I graduate from the seminary," asked the candidate, "will you then offer any objections to my going to Germany?"

"Not the slightest," said the Bishop.

Fired with his project, Worcester hired a room in a vacant house in New York City, and worked alone all summer long from early morning until late at night. At the opening of the General Seminary in the fall he was able to pass the first two years of the course, and was graduated a year later. True to his promise, he returned to the astonished bishop, who now gave his permission for the candidate to go to Germany. And there, at once, he found himself in the atmosphere of the new thought: he studied under the eminent psychologists Wundt and

Fechner and he chose for his thesis the "Opinions of John Locke." On his return to America he was ordained, and after a short experience in church work in Brooklyn he became chaplain and professor of philosophy at Lehigh University.

All along he had been a vigorous and independent thinker. He had accepted broadly the argument of the "higher critics"; his volume, "The Book of Genesis in the Light of Modern Knowledge," in which he voiced the newest thought on the Bible, was published while he was rector of St. Stephen's Church in Philadelphia. He came to Boston in 1904.

Dr. Worcester's co-worker, Dr. Samuel McComb, is an Irishman with the Celtic vividness of mind and personality, a persuasive and magnetic speaker. He was educated at Oxford, and for a time was a minister in the Presbyterian Church. After becoming an Episcopalian he joined Dr. Worcester, and has worked with him upon the closest terms of friendship ever since. Dr. Worcester and Dr. McComb defended

Rev. Samuel McComb, D.D.
WHO HAS BEEN ASSOCIATED WITH DR. WORCESTER IN THE EMMANUEL MOVEMENT

the Rev. Dr. Crapsey when he was tried for heresy.

BEGINNING OF THE EMMANUEL MOVEMENT.

In the fall of 1906 the Emmanuel Movement began. As I have shown, Dr. Worcester was discontented with the work of the church: he felt, as he says, that "the time is come when the church must enter more deeply into the personal lives of the people and make a freer use of the means modern science and the gospel of Christ place at her disposal, if she is to continue even to hold her own."

Acting upon this thought, it was most natural that Emmanuel Church should turn to the healing of the physically and mentally sick. It was one of the commands of Christ that his disciples should heal the sick. In certain Catholic churches to-day, Lourdes, the Cathedral of St. Ann de Beaupré, and others, "the lame, the halt and the blind come and are cleansed and go away leaping and singing and praising God."

Similar cures have been wrought by Christian Science. Why should the Protestant churches alone have abandoned this important work?

Now, every new religious movement must be based upon two elements: Faith and Reason. If there is Faith alone, unanchored by the very best reason of the times, then the new religion soars away into fanaticism and superstition. If there is Reason alone, then the religion, if it can be called religion, sinks into the morass of materialism. As fast as Reason explains a mystery, Faith presents innumerable new mysteries for explanation. As man progresses, old creeds must yield to new; old Faiths, crumbling before advancing Reason, ever give rise to new and greater Faiths.

Dr. Worcester saw the need of the great faith which cures the Catholic who kisses the stone toe of the saint, but he saw also the need of the best reason that science could give for such a cure. A mass of scientific knowledge has been attained by the medical profession: much is known of disease and

the cure of disease. Why should all this knowledge be disregarded or discarded?

"Most religious workers," says Dr. Worcester, "in this field (of mental healing) have made the mistake of supposing that God can cure in only one way and that the employment of physical means indicates a lack of faith. This is absurd. God cures by many means. He uses the sunlight, healing and nourishing substances, water and air."

TWO DIFFERENT KINDS OF DISEASES

Medical science and psychology have shown that a very large proportion of all the diseases from which men suffer—nearly half, in fact—are diseases in which the mind, the personality or the moral nature is the controlling factor—the point at which the vicious circle of physical and psychical misery can be broken. They are called, roughly, functional nervous disorders, and include neurasthenia, hysteria with its myriad forms of simulated organic disease, hypochondria,

morbid fears and worries, addiction to alcohol and drugs, and moral disorders of many kinds.

On the other hand, a large group of diseases, called, roughly, organic disorders, such as small-pox, diphtheria, appendicitis, do not primarily affect the personality.

Formerly the doctor drugged and the surgeon cut impartially for all sorts of diseases. So long as the materialistic interpretation of life was in the ascendency, medicine tended to become a mere group of scientific formulæ. Given a certain disease, its cure was to be found on page 269 of the manual. And the whole world was deluged with drugs.

Then Dr. Osler appeared with his declaration that medicine was not a science, but an art, in which he showed that there are in reality only a few drugs which are genuine specifics for any disease. But still earlier, the psychologists, beginning with Fechner in 1860, had begun to lay a broad, deep foundation for the study of men's minds and personalities. Wundt (in 1878) established

the first psychological laboratory in the world, and in 1883 Professor G. Stanley Hall opened the first laboratory in America. Professor William James published his Psychology and Dr. Pierre Janet of France began giving to the world his studies in abnormal psychology and the phenomena of multiple consciousness. Many other workers speedily entered the field.

And yet, is it not a marvel that until this year there was not in any medical college in the world any department for the study of the normal mind? The brain, indeed, is minutely examined; but the mind is disregarded. Is it any wonder, that from a science which regarded men as all body and no mind, no spirit, there should be revolts such as those of Mrs. Eddy and Alexander Dowie? And revolts, especially when inspired with faith, naturally go far—go, indeed, as in Christian Science, to the other extreme, in which men are regarded as all mind and no body. Thus the people, right in their instincts, are forever disciplining the pundits who, with their eyes too closely fixed

upon their own theories, become warped and unhuman. At the present time the pundits, not only in medicine, but in politics and religion, are being forced to adapt themselves to new lines of thought which they have not hitherto willingly recognised.

FUNDAMENTAL BELIEFS OF EMMANUEL MOVEMENT

Dr. Worcester and Dr. McComb have attempted to establish no new dogma. They believe profoundly in the power of the mind over the body, that the mind, when inspired, or transformed, can cure many of the diseases of the mind and of the moral nature. It can also help greatly in alleviating pain and producing the state of confidence and hope which is favourable to the cure of all other diseases. But organic ailments generally, they believe, must be left to physical treatment, to medicine, surgery, hygiene, isolation and skilled nursing. If a headache is caused by eyestrain, a pair of glasses is far more effective than any mental treat-

ment. If a tooth is bad it must be filled or pulled out. If a leg is crushed it must have the surgeon's knife. A case of yellow fever must be isolated: no amount of mental treatment will prevent the disease from spreading unless it is isolated. In short, the need of the whole man must be met: the doctor and the minister must work together. But before there is an attempt to cure, all the light that science possesses must be thrown upon the disease; there must a diagnosis; otherwise, what is to prevent a patient with small-pox or diphtheria wandering into a church full of people and spreading the contagion of his disease?

Two cases at Emmanuel Church show the necessity of a thorough diagnosis. One man came to be treated for neurasthenia; but the history of the case, together with a careful physical examination of the patient, revealed the presence of a cancer in the stomach. Immediate operation was advised and performed, instead of wasting the patient's time by a wholly ineffectual mental treatment. Another case shows the reverse con-

dition. A young man had been treated, drugged and dieted for years for an organic disease of the stomach. Careful examination indicated that the symptoms referable to the stomach were nervous and mental in their origin. Treatment was given to him by Dr. Worcester and he promptly improved.

Thus we find the first meeting of the Emmanuel Movement in 1906 taken part in by Dr. James J. Putman, one of the foremost neurologists of Boston. It also had the support of such able neurologists and physicians as Dr. Weir Mitchell, Dr. Barker of Johns Hopkins (Dr. Osler's successor), Dr. Richard C. Cabot and many others. Dr. Isador H. Coriat has been associated with the work from the beginning. Professor William James and other psychologists have also been deeply interested in this attempt to apply practically some of the newer teachings of psychology.

THE SUBCONSCIOUS SELF

It is impossible, in a brief space, to go into anything like a full explanation of the psy-

DR. JAMES J. PUTNAM
ONE OF THE FOREMOST NEUROLOGISTS OF BOSTON

DR. MORTON PRINCE
PROFESSOR OF NEUROTIC DISEASES, TUFT'S COLLEGE

DR. WEIR MITCHELL
THE GREAT NERVE SPECIALIST

SOME WELL-KNOWN PHYSICIANS INTERESTED IN THE EMMANUEL MOVEMENT

CAT.

chological theory upon which the Emmanuel Movement is founded. But in reality it is exceedingly simple. It is based on the belief that underneath the conscious life of every human being resides a subconscious or subliminal self which has powers and energies which only a comparatively few people learn to utilise.

"Men the world over," says Professor James, "possess amounts of resource which only very exceptional individuals push to their extremes of use."

It is supposed that in the phenomenon of hynotism the conscious personality is put to sleep and that the hynotist addresses the subconscious personality, so that when the patient awakens, although he will often have no memory of what was said to him while in trance, yet he will follow out the instructions given.

The subconscious mind is also suggestible without hypnosis; that is, it is subject to moral influence and direction. This is, of course, no new phenomenon. Human beings are constantly suggesting to one another;

we practise suggestions every day of our lives. A little girl falls down and hurts herself. Mother kisses the spot and makes it well.

It is possible, then, to exert a profound influence over men's minds by thus asserting or suggesting strength, truth, hope. Many men also learn to exercise the same power over themselves by auto-suggestion. Instead of worry, fear, sin, which cause many of the ills and woes that flesh is heir to, and aggravate many others, the aim is to fill the mind with hope, good thoughts, kindness, courage. And this is no new philosophy, although recently it has been endowed with the power of *faith*.

Long ago, as Professor James says, Spinoza wrote that anything that a man can avoid under the notion that it is bad, he may also avoid under the notion that something else is good. He who habitually acts under the negative notion, the notion of the bad, is called a slave by Spinoza. To him who acts habitually under the notion of good, he gives the name of freeman.

"I DO" SUPERSEDES "I DO NOT"

The basis of the whole system is a vital belief based partly on religion, partly on the applications of new psychological knowledge that a man is, indeed, largely the master of his fate; that there is new hope for the weakest and the lowest; that if a man will place himself where he is in the current of good and high thoughts, if he says, "I do," "I will," instead of saying weakly and hopelessly, "I cannot," "I do not," his life will become a new thing. This is the phenomenon of the "new birth," the "transformed life." In short, it is a living faith in the free will of men, as against the old fatalism.

Having explained the philosophical foundations upon which the Emmanuel Movement rests, we may consider the concrete processes of healing, and after that the criticisms which have been levelled against the Movement. Before the hundreds of suffering men and women who come to Em-

manuel Church are treated by the ministers they are examined by physicians who are sympathetic with the work, and careful records are kept of every case. Those who require medical treatment only are referred to doctors; those who need mental and religious treatment are sent to Dr. Worcester and Dr. McComb. In reality the treatment is exceedingly simple.

"I place a man in a comfortable reclining chair," says Dr. Worcester, "cut off the stream of external sensation by darkening the room and insuring quiet, and I earnestly tell him that in a few moments he will be asleep. If he knows that hundreds of other persons have undergone this experience, he will be more certain to accept my assurance and to obey the suggestion. I visit a woman who has been bedridden for months or years, convince myself that her inability to move does not proceed from true paralysis, and I assure her that she can arise, and I earnestly command her to do so, which she proceeds to do. A patient with palpi-

tating heart comes to me. I soothe him by a few gentle and quiet words and tell him that his nervousness is passing away, that his heart is beating quietly and regularly and that in a few moments he will be calm and happy. He listens to me, believes me, and the prediction is fulfilled."

These words of Dr. Worcester concerning his method have at first an unreal sound: the whole operation seems mysteriously or miraculously simple. And yet men and women have been actually healed—not all the cases that present themselves, by any means, but a good many. Formerly such cures might have been called miracles; now they are merely the application of understood scientific methods. Of course the ultimate "Why?" of the healing is as much a mystery as ever it was. Mental healing has been compared to the use of electricity. Although we learn more every year of methods of using the force known as electricity, yet we know nothing whatever concerning the real nature of that force. And thus, though

cures are wrought by mental treatment, yet we know nothing of the real nature of the forces which are invoked.

In order to convey an even more vivid idea of the method of treatment, I will give an exact account of it as I saw it in operation. The case in point was one treated by the Rev. Lyman P. Powell of St. John's Church, Northampton, Massachusetts, who has been unusually successful in applying the methods of the Emmanuel Movement. A tall, rather fine-looking man—Mr. X.—came into the rector's study. He did not look at all ill, but I learned that he had been under treatment for several months. His story was a familiar one. He had come a stranger to the city with his family; he had been under a great strain, he was without acquaintances, and he had begun to use stimulants until he found himself unable to throw off the habit. As a final resort he sought out Mr. Powell.

"If you really want to be cured, I can cure you," said the rector.

"I do want to be cured," said Mr. X.

TREATMENT OF A PATIENT BY THE REV. LYMAN P. POWELL, OF NORTHAMPTON, MASS.

The treatments began then and there, and Mr. X. reports that he has not since taken to drink. He has, moreover, become a steady attendant with all his family at Mr. Powell's church. He is a wholly different man. On the night I was there Mr. Powell gave him a treatment. The man sat comfortably in an easy chair, the light was turned down, the study was silent and peaceful. Mr. Powell stood behind the chair and told Mr. X. to compose himself, that he was going to sleep just as he had gone to sleep before when he had come to the study.

TREATING A MAN FOR ALCOHOLISM

"You are going to sleep," said Mr. Powell; "you are sinking deeper into sleep. No noises will disturb you. You will drop off into sleep. You are asleep."

These words, repeated numerous times, soon produced a deep sleep on the part of Mr. X. I could hear his steady, slow breathing. Then Mr. Powell began giving suggestions in a low monotone.

"I told you before that you were not to

drink any more. I told you that you could not yield again to the drink habit. You cannot drink any more. You will go on now into the perfection of freedom. Your whole physical nature will revolt at the thought of alcohol. If you should take to drink again it would blast your life and leave your wife and children without support; it would cost you your position. You are too good a man to drink: you are too fine a character to be ruined by drink. In God's name I command you therefore not to drink any more. You cannot drink any more. You will use every means to keep from drink: you will not be able to drink any more."

These suggestions were repeated in different forms many times, the treatment lasting perhaps ten or fifteen minutes. The patient was then aroused. After Mr. X. went away I asked Mr. Powell if his treatment was not in its essence the practice of hypnotism.

"We do not often hypnotise our patients," he said; "it is not necessary. Our idea, of course, is to influence their subcon-

scious lives; to replace their hopelessness and moral weakness with suggestions of power and virtue and strength. We do not need to produce a hypnotic sleep, except in rare cases, to reach this end. All that is required is a relaxation of mind and body, a repose, in which the deeper nature is open to suggestion. We don't know why it is, but if good thoughts and strong purposes are thus impressed upon the mind of a patient in times of repose, these good thoughts act upon and stimulate his life afterwards. He is cured, sometimes instantly, of his sickness or his sin, but usually the treatments must continue for some time."

RELIEVING PAIN

In some cases organic diseases seem to be incidentally helped or the pain eliminated. I visited one of Mr. Powell's patients who was afflicted with a malignant internal growth and often suffered the most excruciating pain. She had been more or less bedridden for years and had taken all sorts of medicine for relief. Mr. Powell has been

treating her now for many months, not promising a cure, but merely freedom from suffering. The pain instantly disappears under his treatment so that the patient rests in perfect comfort or is even able to get up and walk. In four or five days, however, the pain returns and Mr. Powell gives another treatment. This summer a remarkable thing happened. Mr. Powell was away on his vacation for several weeks, and during a part of the time the woman suffered acutely, but on the day she heard that Mr. Powell was returning, so great was her faith in his power to bring relief, that the pain stopped before he arrived. He is thus able to make the life of a suffering woman comfortable and even happy where it was formerly wholly miserable.

All sorts of cases have been treated by Dr. Worcester and Dr. McComb and their followers. The lives of many men and women have been utterly transformed; from weak, hopeless, complaining, suffering beings, they have changed to hopeful, happy, courageous beings. In April, 1907,

for example, there entered the clinic a middle-aged man suffering from pseudo-angina pectoris, severe psychic pains all over his body, and in a very miserable state of mind. He had been unable to do any work for almost three years, had gone the usual round of doctors and hospitals, and had fallen into despair of getting better. He was a man of deep religious feeling. First of all his despair was dissipated by frequent reassurance that there was nothing incurable about his disorder. Then from time to time during a period of five months suggestion was applied and his religious instincts appealed to, until at the end of that period he recovered his health and nervous balance. He has remained well and has gone back to work.

There have been many strange cases of men suffering from fears, worries and phobias which have paralysed their lives. From all sorts of causes they had come to a nervous breakdown which neither medical treatment nor self-control could cure. They have had their lives in many cases literally reconstructed.

One day after Sunday morning service in the church, Dr. McComb saw a woman leading forward a tall, emaciated, dissipated-looking man.

"Doctor," she said, "you must cure this man."

Dr. McComb said that he was in the midst of his Sunday service and that he could not do anything until Monday.

"But he must be cured," insisted the woman.

Finally Dr. McComb yielded and took the man into his study. It was a case of hopeless alcoholism—in which the man had reached the end of his rope, had ceased to work, neglected his family.

"Do you want to stop drinking?" asked Dr. McComb.

"Yes," said the man.

Beginning then and there, Dr. McComb treated him for several days, and from the first the man has not returned to his evil habits.

But the mere treatment by suggestion is not the only remedy used. Suggestion must

be accompanied by education and continuous moral influence. The devil having been cast out, new interests and activities must be inspired, else seven devils will appear to fill the place of the one cast out. Emmanuel Church has an organisation of social workers, both paid and voluntary, who follow up the cases treated. For example, the alcoholic, whom I have just mentioned, was visited in his home, money was advanced to buy him a wagon, he was set to work at once making a living and his family was helped and cheered. He is paying back the money loaned to him and getting hold of life again.

HOW AUTO-SUGGESTION IS PRACTISED

One great effort made by the Emmanuel Movement is to encourage patients in auto-suggestion, that is, in the effort to heal themselves, to give them power over their own natures. The Rev. Lyman P. Powell has been especially successful in developing the use of auto-suggestion. Having cured himself of persistent insomnia, he gives a

clear statement of methods by which other people may do the same thing:

"Those to whom auto-suggestion is an unfamiliar thought sometimes find difficulty in beginning to use it. They need to know how others who have found it helpful in inducing sleep actually use it. The following formula, which has helped several, is given for illustrative purposes. If used audibly it should be said slowly, drowsily, soothingly, whisperingly, and repeated till sleep comes:

"'I am going to sleep. I shall not lie awake. I cannot lie awake. I am going to sleep. The tired eyes are closing. The blood is flowing from my brain to my extremities. There is no longer pressure on the brain. The muscles are relaxing. Sleep is stealing over all my senses. They are growing numb. I am getting drowsy, drowsy. I am softly sinking into sleep, dreamless sleep. I am sinking deeper, deeper, deeper. I am almost asleep. I am asleep, asleep, asleep.'"

I do not desire to over-emphasise the suc-

cess of the new work. While most patients have been helped, some have received no benefit. There must not only be the power of suggestion on the part of the minister, but *faith* on the part of the patient. He must believe and be willing to try and fight. There are dark cases in which character seems to have been entirely broken down; nothing is left to build upon, not even that desire for better things, which is the beginning of faith. Especially difficult have been the cases of men suffering from the drug habit—the use of morphine or cocaine—and yet even these have been helped.

HEALTH SERVICES IN THE CHURCH

In addition to quiet personal treatment, a largely attended meeting is held every Wednesday evening in the church. It is in reality an apotheosis of the old ill-attended prayer-meeting, but under the impetus of the new work, people come by hundreds; there are often eight hundred to one thousand men and women present. After singing and Bible reading, requests for prayer

are read. "A woman who is to undergo a serious operation to-night asks your prayers that she may be sustained." "A man struggling with the demon of drink asks your prayers." These are merely samples. The people kneel and Dr. McComb or Dr. Worcester prays. Afterward a short practical address, applying the teachings of Christ to human ills, is given. When this service is over the people go up to the social room, where an hour is spent in making and renewing acquaintances. Many of those who come have had great help from these meetings.

It is difficult to convey any idea of the eagerness with which suffering men and women, Protestants, Catholics, Jews, non-believers, have come to Emmanuel Church, in search of the new life. Where once the ministers were compelled to go out and urge men to come in, it is difficult now to find room or time for all who come. Last winter, Dr. Worcester was awakened about four o'clock one morning by a ring at his door-bell. Half aroused, he thought he

heard a man crying or groaning. He went to his window and looked out. There, sprawled on his front steps, lay the body of a man. He rushed down and opened the door and found the man lying in his blood, his wrists cut in an attempt to commit suicide. Dr. Worcester sent for a doctor and after the necessary medical treatment found out that the poor fellow was suffering from hypochondria, "life not worth living," and after a number of treatments brought him around all right. The young man told Dr. Worcester he had heard of his work and took a last chance to come from Rhode Island to see if he could not be helped.

People have come not only from Boston, but from all over the country, one not long ago from Glasgow, Scotland, and the mail received by Dr. Worcester and Dr. McComb is very heavy. Many ministers and doctors have come to study the work; and last spring, so great was the demand, a sort of summer school, or course of lectures, was provided, extending over three weeks' time. A small fee was charged, and many minis-

ters, doctors, teachers and social workers were in attendance. In fact, the movement has spread like wildfire. It has been taken up in churches in New York, Chicago, Kansas City, Buffalo and elsewhere.

CRITICISMS OF THE MOVEMENT

I have thus endeavoured to give a clear account of the Emmanuel Movement. What now are the criticisms of it?

The questions I have heard most frequently advanced are these: "Where does religion come in? Cures are made, but how are they different from similar mental cures made by physicians or indeed other persons who know how to practise suggestion? Why should the church enter upon the matter at all?"

Upon these points I have made many inquiries of the ministers and physicians who are interested in the movement, and I have also talked with a number of the patients who have been helped. I shall condense their arguments here.

There are two groups of reasons why the

church should take up the work of healing. The first is a human or social reason. To be really cured a man must be dealt with not merely as a material body composed of such and such chemical elements, but as a human being, having a soul, a spirit. Man is a religious animal, and any work for his upbuilding that neglects that element neglects the most important factor in his life. Not every doctor is fitted to build up the moral and spiritual nature of men; nor have most doctors time for such work, whereas the minister is more or less at the service of the public.

The sick man, coming for treatment to the church, say the supporters of the movement, receives not mere scientific advice and direction, but what to many sufferers, especially from nervous diseases, is far more important: human sympathy, disinterested advice. To many patients the fact that they are brought out of lonely lives to friendly surroundings, the quieting and hope-inspiring meetings of the church, where everyone is trying to look on the bright side of life,

is a powerful stimulant towards health. To this must be added the important matter of confession. Before a patient can be successfully treated he must unburden his soul, must let the minister who is treating him understand to the depths all the sources of his troubles. Without this it is impossible to begin anew, and the very fact that a sufferer can thus unburden himself of his secret troubles and receive sympathetic advice and comfort often starts him on his way towards better living. The church inspires confidence that its ministers have no ulterior or selfish purpose; and many a discouraged man finds in that feeling the first gleams of a new hope. Besides this, the church gives men a new interest in life, a new work to do—work for some one besides themselves. Dr. Richard C. Cabot of Boston says of his practice: "I think one-half of all the nervous people who come to me are suffering for want of an outlet. They have been going at half pressure, on half steam, with a fund of energy lying dormant." One of the efforts of the Emman-

DR. ISADOR H. CORIAT
A PHYSICIAN ASSOCIATED WITH THE EMMANUEL MOVEMENT FROM THE BEGINNING

BISHOP SAMUEL FALLOWS
ST. PAUL'S CHURCH, CHICAGO

REV. LORING W. BATTEN, D.D.
ST. MARK'S CHURCH, NEW YORK

uel Movement is to get men and women to work, accomplishing something which is unselfishly useful. And in that alone, in many cases, lies a distinct curative power.

But the great influence of the church in healing lies in religious faith. It is spiritual. Dr. Worcester quotes a striking passage from Möbius upon this point:

"We reckon the downfall of religion as one of the causes of mental nervous disease. Religion is essentially a comforter. It builds for the man who stands amid the misery and evil of the world another and fairer world. Meditation calms and refreshes him like a healing bath. The more religion descends into life the more it remains at man's side early and late; the more it affects our daily life the more powerful is its consoling influence. In proportion as it disappears out of the human life and as the individual and the nation become irreligious, the more comfortless and irritating life becomes."

WHY RELIGION HELPS TO HEAL DISEASE

A man is not really cured until his character is changed, until he has substituted peace, love and courage for fear, worry, sin. Physical disease is often only a symptom of deeper distresses of the personality growing out of sin and selfishness, and such a physical disease cannot be permanently cured until the deep underlying cause is removed. And these things are within the gift of religion, and religion alone.

"Trust in God," says Dr. McComb, "draws together the scattered forces of the inner life, unifies the dissociations of consciousness created by guilt and remorse, soothes the wild emotions born of sorrow or despair, and touches the whole man to finer issues of peace and power and holiness. By the sweet constraint of such a faith, the jarred and jangled nerves are restored to harmony. The sense of irremediable ill disappears and hope sheds her light once more upon the darkened mind."

But perhaps the best explanation of the need of religion in the healing of the body is given not by a minister, but by one of the foremost physicians of Boston—Dr. Cabot. It is noteworthy that while Dr. Cabot is greatly interested in the Emmanuel Movement, he is connected with no church. He says in his little book, "Psychotherapy and its Relation to Religion":

"I think I can best make the matter clear by calling your attention to a distinction which I have already used, the distinction between a pain and what we think of it, or between a suffering or a misfortune of any kind and what we think of it. These two elements always exist, are always separable, and in my opinion they are usually to be dealt with by quite different methods. The pain must be dealt with largely by physical methods and by the physician, but what the man thinks of it, that goes down deep into his character, involves the whole mental life, his whole point of view, his religion. It is for this reason that psychotherapy is so di-

rectly and deeply connected with religion and needs so constantly the support and guidance of the religious conceptions of life."

I asked one of the Emmanuel Movement patients, who had been relieved of a serious nervous disease, what part religion played in his case. "Would not a doctor who knew how to give this mental treatment have done as well?" I asked him.

A PATIENT TELLS HOW HE WAS CURED

"Perhaps," he said; "I hadn't thought of it. I am not a church member or even a church-goer, or was not before I was cured. But it seemed to me, when I went to the rector for treatment—I was then a perfect stranger to him—that somehow the church guaranteed that I should receive honest advice, that its ministers should tell me the truth. I seemed to get something behind me immediately to help me support my weak life. I don't know that I've got any more religion than I ever had; I don't know exactly what religion is; but I do know that I

am far sounder in health, that I feel at peace with myself, that I want to live a better all-round life, and as you see, I've developed a passion for telling everybody of the good news about how I was cured. It seems to me that everybody with anything wrong can be cured as I was if I could only let them know about it."

But there are other criticisms levelled at the Emmanuel Movement. Some of the physicians, among them Dr. Putnam, who were at first supporters of the movement, now believe that it has gone too far and too fast, that it will escape from the hands of its well-grounded originators and be used by unwise and careless imitators. There is danger, they assert, that the church, without sufficient scientific knowledge, will enter upon the treatment of many people with physical ailments who should be under skilled medical supervision. They say: If the clergymen are to engage in the practical work of healing to the extent indicated, they should organise better for this one end, and form a new *institution* analogous to that of the

BOSTON MEDICAL LIBRARY

medical profession devoted wholly to the work. This would be undesirable for many reasons, and the churches themselves are not ready for it. At the same time able doctors believe that they themselves should be open-minded and that both clergymen and physicians should strengthen each other's position and influence.

Others fear the use of suggestion in untrained hands. In the cure of nervous diseases suggestion is, moreover, only one element, albeit a powerful one; there must also be a steady "re-education" of the patient, a training of his will; an effort, not only to reach him by the "back-door method" of influencing his subconscious self, but to train him in self-control. Can the church do this work satisfactorily? Has it the wisdom and knowledge? To these objections the leaders of the Emmanuel Movement reply that any new movement or discovery is likely to go too far or to be used unwisely by over-hasty people. The X-ray treatment, for example, was at first carried much too far, and until

the limitations of its use were discovered it injured many people. As to "re-education" and the necessity of long-continued supervision of the patient and the upbuilding of his character, the Emmanuel Movement believes it is better fitted through its many avenues of personal influence and social work to influence the patient and change his life than is the busy, privately paid doctor.

STRUGGLE BETWEEN MINISTERS AND DOCTORS

Thus, though there is a union of ministers and doctors in the work of the Emmanuel Movement, yet back of it all lies a real struggle of the two professions to attain a greater influence over the lives of men. Both are competing for the new field, and the church is not more energetic than the medical profession. For at the same time that the Emmanuel Movement is spreading, a similar work is going on in medicine. An effort is being made to answer the need of medical students for a more extended knowledge of

psychology and psychotherapeutics. The University of Wisconsin has established a chair in Psychology and Medicine. The Phipps Fund of $500,000 will shortly be available for a similar course in the University of Pennsylvania, and Dr. Weir Mitchell will throw the weight of his name and personality into its inception. Dr. G. Stanley Hall offers a series of free lectures in the same subject at Clark University, and Professor Morton Prince has started a similar course at Tufts. The doctors have also been scarcely less energetic than the ministers in writing articles and books on various phases of the new healing.

CONCLUSIONS

Thus, while the church asserts the need of more faith in the healing of men, the medical profession demands sounder reason, more scientific insight. Both are necessary; and it is significant of the power of the present spiritual awakening that both doctor and minister should be struggling to fill this

newly recognised need of human life. It would seem that the only way out was for the medical profession to become more religious and the ministry more scientific. Both faith and reason are needed; but the one most difficult to cherish and keep alive is faith, religious faith. Without faith we are dead; we do not grow. It is easy enough to give reasons why the fire of faith, such as that kindled by the Emmanuel Movement, does not or should not burn; it is more difficult to kindle and keep alive that precious fire.

In the final analysis it makes little real difference to you or to me what profession does the new work,—whether doctor or minister or a combination of the two—so long as it is done. The final test is service, and to that end institutions and professions must shape themselves. Men, after all, whether ill or well, will follow those leaders who can give them hope, courage, faith, health, virtue, enable them to meet the inevitable difficulties and trials of this life

with a happier face and a serener soul. In any event, the fine new work will go on, whether the church in its present form leads it or not, for that way lies truth.

PART II

THE NEW MISSION OF THE DOCTOR

Dr. Richard C. Cabot, of Boston

DR. CABOT IS THE HEAD OF THE SOCIAL SERVICE DEPARTMENT OF THE MASSACHUSETTS GENERAL HOSPITAL

CAF

THE NEW MISSION OF THE DOCTOR

DR. RICHARD C. CABOT of Boston, in his first annual report of the Social Service Department of the Massachusetts General Hospital, quotes from "Alice in Wonderland":

"Have some wine," said the Hatter.

"I don't see any wine," said Alice.

"There isn't any," said the Hatter.

Dr. Cabot says that scenes suggesting this conversation between Alice and the Hatter have been enacted many times every week in the Out-patient Department of the Massachusetts General Hospital. A patient comes to be examined; after looking him over the doctor says, "Take a vacation." "Get a lighter job." "Buy a set of teeth." But among most of the patients who swarm the clinics of that great hospital, the doctor might as well say, "Get the moon," or

"Have a star"—for they are too poor to afford the remedies prescribed, or too ignorant to use them.

A man who visits the hospital suffering from no other debility than hunger—and this is an actual case—is advised that he needs a *tonic*. A poor woman comes in suffering with tuberculosis. The doctor says, "You must stop work; you must sleep out of doors; you must have especially nutritious food." But, like Alice, she doesn't see any; and there isn't any. She has no money to provide for sleeping quarters out of doors, or for extra food, or knowledge how to employ such remedies properly even if she had them; and if she stops work, she starves. A woman with a large family of children is advised that her life depends upon having a certain operation performed. But for some reason she does not return to the hospital to have it performed. When the doctor hunts her up and scolds her for not doing the right thing, she says:

"But what about the children?"

WHERE THE HOSPITALS FAIL

At this point the machinery of the hospital breaks down and goes to pieces. Its science is unavailing; it cannot cure this woman because she has diseases not set down in medical works—the disease of poverty, the disease of dependent children. What shall be done with the consumptive? Give her the best and costliest of scientific advice, which she cannot possibly follow, and let her go out, not only to die, but to spread the infection of her disease? What shall be done with the poverty-stricken woman and her children? And what shall be done with the hungry man? Give him a tonic and turn him out to die?

Deep questions these, human questions, reaching far outside of hospitals and medical science, and far into complex, every-day human life. For a long time these questions have been asked in vain. To thousands of public clinics and dispensaries in this land every day come crowds of patients, mostly poor, afflicted with every manner of human

ill. Most of the doctors who see them are young, most of them serve free in order to get the experience and training which they are to use in their privately paid practice among richer people. The Out-patient Department has long been regarded as a mere stepping-stone to higher things. These young doctors endeavour to see as many patients as possible, for in that way they chance upon a larger number of interesting cases which they can study profitably at leisure. It is significant that a man or woman is regarded not so much as a human being as a "case"—a "good case," a "bad case," an "interesting case." Even though the doctor's heart is big—and many a doctor's heart is wide open to human distress in every form—he can do little or nothing for these people, except as "cases." He has no time; he, too, must make a living. He must rush and hurry, he must rise to a privately paid practice. He can dose his cases or order a surgical operation, but rarely, very rarely, does he get a glimpse into the heart of the human being who stands quivering

before him, or realise that this, also, is a man. In many dispensaries prescriptions have actually come to be printed and given out to a great variety of cases. A dispensary, in short, is a vast machine for the treatment of hastily observed outward symptoms, in which little or no attempt is made to reach or to cure the deep-seated sources of the disease, which may lie far from anything that the doctor can hear or feel or see—beyond, indeed, his most sensitive thermometer, his most perfect stethoscope; it may lie deep in the moral character, it may proceed from a deranged family life, it may be religious, it may be social.

CHANGING VIEWPOINTS OF THE DOCTOR

Newly awakened to these profoundly human aspects of disease, the doctor, like the clergyman, feels his inadequacy, his futility; and he, also, sees visions of new spheres of usefulness to mankind. Indeed, not only the practice, but the whole point of view of the medical profession is changing, and not less radically than that of the church.

It is my present purpose to deal with Dr. Cabot's remarkable efforts at the Massachusetts General Hospital to meet the broader needs of men. As the Emmanuel Movement is only one of many efforts or experiments of the church to place itself in the currents of the new idealistic thought, so Dr. Cabot's work is only one of many extraordinary new activities of the medical profession.

Two great avenues of new activity are opening to the medical profession. The first proceeds from the growing conviction that most, if not all, diseases are not merely *individual,* but social. At the root of the great destroyers, tuberculosis, typhoid fever, children's diseases, in no small measure lie malnutrition, hunger, wretched housing conditions, dirty streets—in other words, poverty and social neglect. Yellow fever, smallpox, diphtheria and pneumonia, when they strike, strike not merely an isolated individual; they endanger the city or the State. Diseases of vice are usually diseases of poverty, ignorance, and evil environment, which can

never be effectually reached by any mere medication of the individual man or woman. Medicine is thus seen to be intimately bound up with all sorts of new sociological, political, ethical and economic problems.

The second great avenue of activity proceeds from an awakening to the fact that man is not only a physical and material animal, but that he is also a thinking animal, a religious animal, that the mind has a vital influence over the body, that religion may also be a powerful agency in healing disease. To this discovery the medical profession is being driven by the work of the new school of experimental psychologists and by the spread of popular healing cults like Christian Science, the Emmanuel Movement, Mind-Cure, and the New Thought. Up to the present year no medical college in the world gave a course in psychotherapeutics or in psychology; now several strong courses have been established.

In short, just as the church is beginning to discover that man has a body as well as a soul, the medical profession is beginning to

discover that man has a soul as well as a body. *The whole man must be treated;* and he must be treated not merely as an individual and unrelated sick man, but as a component and essential part of our close-knit social life, where one man who is sick endangers the whole city in which he lives.

REVOLT AGAINST DRUGS

Dr. Cabot marks out three stages in the evolution of the new idea in medical practice. The first he calls the "era of the wholesale drugging," in which a dispensary doctor could "run off" forty or fifty cases in a couple of hours, tear off and give printed prescriptions, and turn the patients out pretty well satisfied. But with enlarging views there is, as Dr. Cabot says, "a noticeable abatement of the flood of drugs pouring out of the dispensary and into the community." He gives the figures which show how rapidly the giving of drugs is decreasing at the Out-patient Department of the Massachusetts General Hospital:

Year	Number of Visits	Number of Prescriptions	Visits exceed Prescriptions
1902	88,868	58,177	30,691
1903	95,728	55,285	40,443
1904	106,175	53,321	52,854
1905	110,631	49,793	60,838
1906	107,063	43,674	63,389

The next stage, which Dr. Cabot calls the "tractarian or ritualistic era," marks a somewhat larger conception of the necessity of reaching the whole man. It is not enough to treat the man momentarily in the hospital by drugging him, but *his life outside must in some way be changed.* Consequently printed directions are issued by many hospitals and boards of health describing proper methods of caring for the stomach, the bowels and the lungs, often printed in many languages and widely distributed. "Diet slips" for the use of those afflicted with constipation, dyspepsia and diabetes are familiarly used.

"Here we have," says Dr. Cabot, "the form but not the substance of good treatment. The patient needs advice and direction. We go through the forms of up-to-

date therapeutics admirably as any ritualist, but the whole thing is hollow—nothing comes of it. A sharp change in a person's habits of eating and drinking, sleeping, thinking, working, is what the tract demands. But we know perfectly well, if we reflect or observe, that no such change is brought about in any such easy fashion."

The third stage in the evolution is what Dr. Cabot calls the "era of better things." It is that stage which I wish here to describe. Its chief factor, first worked out by Dr. Cabot in the Out-patient Department of the Massachusetts General Hospital, is a Social Service Department. It is an effort to reach out beyond the hospital and carry the work of healing men and women to the limit of thoroughness. In a large proportion of cases, as Dr. Cabot says, "a knowledge of the patient's habits, of his economic, domestic and social conditions, is essential to any adequate understanding or competent management of the case." This work the physicians have neither the time nor the training

to do; it must be undertaken by trained workers.

The chief trouble with the church is that it does not, after all, *get to people,* or get *into* people; the same is true of the hospital. Both are discovering, as we are all discovering in our march toward democracy, that nothing, finally, can take the place of the direct human touch. There is no professional or scientific or ritualistic way out; to reach men and cure them, whatever their ills, they must be met squarely as human beings.

HOW DR. CABOT BEGAN THE NEW WORK

Dr. Cabot established the Social Service Department in October, 1905. He had long cherished the plan; indeed, he had grown up in the atmosphere of that humanitarianism which has so long marked the best thought of New England. His father was the biographer of Emerson; his mother, after raising a family of seven boys, became a leader in the public work of Brookline: overseer of the poor, member of the board of education.

Her personality and influence are still felt in Boston. Dr. Cabot was educated at Harvard, first broadly in philosophy and psychology, afterwards in the medical school: a man first, then a doctor. Though a member of no church, his view of life is profoundly religious: broad, deep, inclusive.

"I mean by religion," he says, "the deepest that there is in any human being. When you reach the core of any man, you reach, it it seems to me, the divine spark in him; that is, you reach his religion. Religion is not one energy or one interest among others, . . . it is the heart, the centre, the core of every interest. In my opinion any man is slovenly and slipshod who does not find religion as the ultimate motive and goal of his task, whatever it is. Under this definition it is obvious that we cannot go to the bottom of any trouble, whether it be health or grief or anything else, without reaching religion. If religion includes the whole of our life as a house includes a room, then the man who would set his house in order must know all the rooms, must know the whole

of the house before he ventures to touch any part of it."

It will be seen how easily, from this view of life, sprang Dr. Cabot's idea of treating the "whole man": the doctor to direct his physical upbuilding, the social worker to reach the hundred and one outside influences which always play so important a part in the health of a man.

During the first year of its existence Dr. Cabot raised funds among his friends (adding a large part himself) to support the Social Service Department. The workers found a place in a corner of one of the great corridors of the hospital, and there the department has grown steadily in importance and significance. At the outset of his undertaking Dr. Cabot secured the services of Miss Garnet Pelton as headworker. She is a graduate of Wellesley College, studied medicine at Johns Hopkins, graduated in nursing at the Massachusetts General Hospital, and has practised nursing as a district nurse in connection with the Boston College Settlement at Denison House. Miss

Pelton's initiative, sympathy and devotion helped to launch the work on its course, although her illness eight months after the Social Service Department was opened prevented her from continuing in service.

Since the first year, though the expenditures have increased largely, a sufficiency of money has been contributed to carry on the work.

At the present time some twenty social workers, about half of them paid, half voluntary, are engaged in the various activities of the department. The paid members of the staff are all experienced social workers or trained nurses—and it is little enough to say that they are a remarkable group of women, doing a remarkable work.

At the head of the staff is Miss Ida M. Cannon. Though the workers are constantly conferring with one another and with Dr. Cabot and other physicans connected with the hospital, the work naturally falls into a number of divisions. For example, the tuberculosis cases are looked after by Miss Gertrude L. Farmer and Miss Ellen

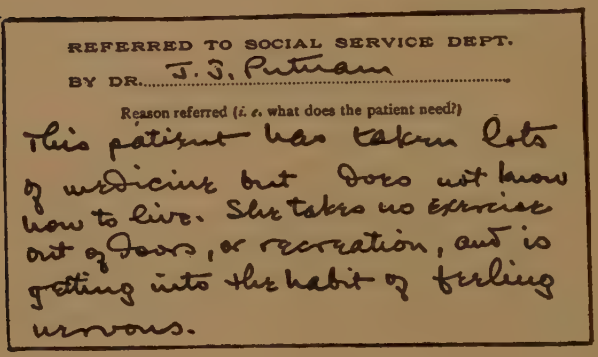
T. Emerson 2d, a granddaughter of Ralph Waldo Emerson; patients suffering from nervous troubles, and there are many strange cases presented to the department, are attended to by Miss Edith N. Burleigh and Miss Antoinette Cannon. To Mrs. Jessie D. Hodder come the pitiful cases of unfortunate girls. The general work of hygienic teaching, the education of mothers in the care of delicate children, the problem of vacations and outings for those who need them as a part of their treatment, and so on, are looked after by various members of the staff.

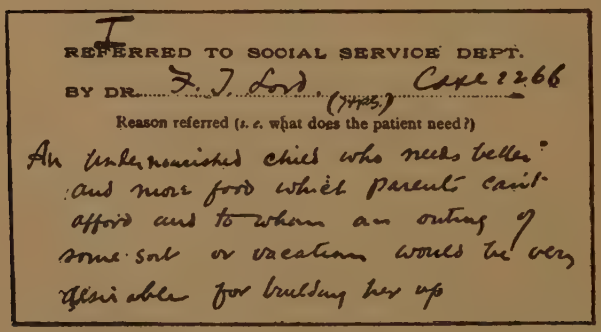
PRESCRIBED—A FRIEND

Twenty-one thousand new patients came to the Out-patient Department of the Massachusetts General Hospital last year. Wherever, among this stream of suffering humanity, as it passes before the doctors, there is a case having a peculiarly difficult human problem, the man or woman is referred with a coloured slip to the Social Service Department for human treatment, just

as he would under other circumstances be referred to the surgical ward, or the Zander room, or ordered to take baths.

"For some patients the best prescription


REFERRED TO SOCIAL SERVICE DEPT.
BY DR. J. J. Putnam
Reason referred (*i. e.* what does the patient need?)
This patient has taken lots of medicine but does not know how to live. She takes no exercise out of doors, or recreation, and is getting into the habit of feeling nervous.


REFERRED TO SOCIAL SERVICE DEPT.
BY DR. F. J. Lord. Case 2266
(Miss.)
Reason referred (*i. e.* what does the patient need?)
An undernourished child who needs better and more food which parents can't afford and to whom an outing of some sort or vacation would be very desirable for building her up

is a friend," as one of the doctors put it to me.

In the first year 683 cases were thus sent to the Social Service Department, the second year 1,441, and last year 1,554. I have before me a number of the small coloured prescription blanks which the doctors give to the patients,—and the suggestions on them are astonishing enough—they are so little medical, so deeply human. Here is one:

"She is working too hard; needs advice as regards hygiene and diet."

Another patient came with this direction:

"An undernourished child who needs better and more food, which his parents cannot afford."

Another: "Patient says she must return to work on account of finances. She really is not in condition to do so yet. Can you do anything for her?"

Another: "Patient is completely run down, overworked and played out. Cares for a large family. Needs rest."

Another: "Patient needs spring back brace, $8.00. Cannot pay for it."

Another: Unmarried girl who is pregnant."

THE DISEASE OF POVERTY

Curious complaints in a hospital, are they not? Poverty, misfortune, overwork, large families, human tragedies. And yet these have an intimate bearing upon health: if the patient improves he must have changed conditions.

The patient comes to the Social Service often shaken by the strain of examination before the doctors, usually more or less ignorant, not knowing where to turn, or what to do next. And here he finds immediate sympathy and help. He is encouraged to pour out his human story. The number in the family, the wages, the sort of home the patient lives in, the moral and religious status, the problems which beset his life—all these things are scarcely less important than the physical factors. For under the

Dr. J. H. Pratt, of Boston

DR. PRATT DEVELOPED THE CLASS SYSTEM FOR THE TREATMENT OF TUBERCULOSIS

CAT.

new conception of the healing of disease as public work, the meaning of diagnosis becomes immeasurably broader.

But perhaps I can best illuminate the work of this new department by an account of a number of specific cases: and first, two cases presenting human problems.

STORY OF AN AMBITIOUS RUSSIAN JEW

One day when I was in the Social Service Department, a bright, healthy-looking Jewish boy, about fifteen years old, came in.

"How are you, Julius?" asked Miss Cannon.

"I came to tell you I am all right now. I feel fine," the boy said.

He had a friendly talk with Miss Cannon and when he went out I heard his story. He had come to the hospital about six months before, broken down, pale, discouraged. The doctors could do nothing for him, so they sent him to the Social Service. Here he told his story. He belonged to a Russian

Jewish family. His father was a peddler, and he had eight brothers and sisters. The family was very poor. But the boy was alert-minded and ambitious, eager to get ahead in America. Though he had been in this country only eight months he spoke English pretty well. He was working in a grocery store thirteen hours a day at $2.50 a week, and going to night school afterward. Think of it, for a growing boy! He said he never played on the street because his uncle would think him a "bum." His uncle had come earlier to this country and was quite an American. He was also "rich"! Miss Cannon told the boy he must not work so hard.

"What I do?" he asked. "My father poor man. I must work."

But Miss Cannon argued with him, went to see his employer, showed him how to use the public playgrounds and baths. His headaches continued and she had an examination of the eyes. Glasses were ordered. Here is a brief extract of the record:

May 27. Patient has stopped work and spends time out of doors.

June 2. Got the boy's uncle to pay for his glasses.

June 6. Got outdoor work for boy—lawn-mowing. He earned sixty cents.

June 24. Doctors ordered adenoids removed.

July 6. Weak after operation.

After this Miss Cannon got the boy a chance to spend three whole weeks out of doors in the country. The result was that he came back well and strong and happy and grateful: a citizen saved. Miss Cannon has since secured out-of-door work for the boy at three dollars a week, and he is now attending night school and keeping perfectly vigorous and well.

THE DISEASE OF OVERWORK

Another patient, a working-girl, came to the hospital to be treated for dyspepsia and neuralgia. Under the old method she would have been given a bottle of medicine and dismissed. But there seemed to be deeper fac-

tors in her case, and she was sent to the Social Service. Here the real trouble came out. She was a Canadian girl, ignorant of ways in Boston, who was working from six o'clock in the morning until midnight for seven dollars a *month*—promised, but not paid for three months. Her mistress, an aunt, kept her at work constantly and allowed her to make no friends. Is it surprising she fell ill? The first thing the Social Service did was to demand a month's rest, and then they found her a new place at $3.50 a week (at a safe distance from the aunt), and she is well and strong again.

Many such cases as these come to the department, cases which are cured by kindly advice and friendship, and the gratitude often expressed is pathetically sincere.

TREATING "NERVOUS PROSTRATION" AMONG THE POOR

A considerable group of the patients received at the hospital are made up of those suffering from nervous diseases; and in such cases Dr. Cabot and Dr. Putnam have been

especially interested. "Nervousness," hysteria, morbid worries and fears, insomnia, "nervous prostration," often bring intense and chronic suffering, especially among the poor and ignorant. In these lower walks of life the patient's family and friends usually have no comprehension of the trouble and therefore give no sympathy, but rather reproaches and black looks. Moreover, the patient, being unfitted to work, is forced to face the worry of financial loss and privation, which in itself increases the disease. Nowhere is there help in sight. The family, even if sympathetic, cannot afford the visits of a really skilled and humane neurologist who can give the precious time necessary to grapple with such diseases. Quack medicines, often resorted to, only make matters worse; the hospital offers no relief.

For such cases the Social Service Department, with workers skilled in mental healing directed by Dr. Putnam, one of the foremost neurologists of Boston, has already proved invaluable. All the devices, except active religious work, which I described in

Part I as being used by the Emmanuel Movement, are here employed: auto-suggestion, re-education, employment, friendly advice and explanation. Above all, the Social Workers win the confidence and friendship of sufferers, and that in itself is often the beginning of the cure. "Like some chemical reactions," Dr. Cabot says concerning the need of this warmth of human relationship, "mental healing seldom works in the cold. It is human, friendly helpfulness, not a trick."

Miss Burleigh is peculiarly fitted to meet such patients with sympathy, because she overcame a long-continued nervous breakdown in her own case. An old Irishwoman coming to tell how she suffers from nervous fears, says: "I wonder if anyone in the world was ever like me or suffers as I do," and Miss Burleigh responds, "Why, yes, I know all about it." She talks with her and shows her how she can overcome her trouble, and she *does* overcome it. It is difficult to give any adequate idea of how deeply and thoroughly these workers get into the lives

of the men and women who come to them. Each case becomes extraordinarily interesting, and is followed up as one follows up or helps any friend.

LETTER OF ADVICE TO A NERVOUS WOMAN

I publish here a letter written by Miss Burleigh to one of her patient-friends, a woman who came to the hospital a physical wreck. It was seen that she must get away from her family cares and take a rest. After innumerable complications involved in providing for a daughter, the woman finally got together money and sailed to visit friends in England. This is Miss Burleigh's letter, and it is the sort that would help almost anyone, well or ill:

"I can't tell you how glad I am that you decided to go to England. I expect you to come back after a good long rest a well woman.

"I want very much to help you and am going to give you some advice, which I would urge upon you to think seriously

about. Please read it over *every day* and really think a great deal about it.

"You have now one of the opportunities, which come to people very seldom, of really 'burning your bridges,' and making a new start, and you want it to be a good start in the right direction.

"In the first place do not tell anybody that you have been nervous. If nobody knows about it, nobody can remind you of it, and you want to put the thought of it as far from you as you can.

"Nothing will help you so much to do this as persistently to refuse to speak of it.

"I think, from my own experience, that self-control is the real secret of getting well. Real self-control.

"Do not yield to every mood or feeling of discomfort. Don't wait until it (the bad feeling) has conquered you, but overcome it at once in the beginning. Turn resolutely away from it. Do something. That is the best way, and do something for somebody else.

"If a pain persists, say to yourself, 'It

won't last long, and I don't care if I do have a pain. Everybody has pains. I cannot expect to be exempt.'

"Reason with yourself if you begin to feel nervous.

"I wish you would sit down by yourself, *quietly,* every day, and think over this quotation which I have copied from a book of Dr. Worcester's: 'To-day we know that the type of character created by Christ—calm, loving, patient, unselfish, fearless, trusting—is the type best able to resist every form of nervous disease and moral evil.'

"Take each of these characteristics separately and think out just what it means and how you could put it to your own case. It is not an impossible ideal, but one we can struggle toward. I should like you to really make it a part of yourself. Will you promise me to read it over every time you get fussed and feel as though you should fly?

"We are all inclined to make too much of our own sufferings. Each of us is such a tiny part of the world, but each of us can smooth the roughness for somebody else, and

each of us can certainly do it better if he holds up to himself an ideal, even if he can never hope wholly to attain to it.

"Just before you go to sleep at night say over and over to yourself, 'I will be calm to-morrow, I will be patient and fearless and trusting.'

"Don't do this two or three nights and then say, 'Oh dear, I don't feel any calmer, that is no good.'

"Persist! You may have to say it every night of your life. I expect to and am willing to, for I know it helps."

One more case and I am through with the neurasthenics:

A FEAR OF RAZORS AND KNIVES

S. B., twenty-nine, happily married, was referred to Miss Clark, the teacher of hygiene, April 10, 1907. Miss Clark found that besides a good many physical symptoms, the woman had a pitiable obsession. "She cannot bear to see her husband with a razor, nor to have sharp knives in the house.

Throws them away. She knows it is silly, but fears she may kill herself. Fears that by thinking of it all the time she may at last do it. Can't read about murders in the newspapers."

Miss Clark explained to her that this obsession was the result of an auto-suggestion, and that the fears which have thus been produced can in the same way be destroyed. She described another similar case and the complete recovery in which it had ended.

The woman was childless and therefore passed much time alone. Miss Clark corrected some obvious hygienic errors and urged her to keep busy, and not be alone more than was necessary. "Then at bedtime put your face in your hands and say to yourself, 'This fear is nonsense; I shall never harm myself or others. I am perfectly sane and am going to get well. There is no more harm in a razor than a stick of wood.'"

Later the patient reported herself better, but found that sometimes just when she was saying to herself, "Well, now I've not had

'that feeling' all day," unexpectedly the sight of some harmless object, such as a faucet, would "bring it back." Miss Clark taught her to force the thought of the faucet to suggest something else and to repeat at such times the auto-suggestion: "Miss Clark says I shall get well, and I will." To keep her company in the long hours alone the patient was given a canary and a small dog.

Ten days later the patient came in looking much better and brighter. "She makes the auto-suggestions every night after saying her prayers. It now appears that two years ago, just after undergoing an operation and while still very weak from this, the patient had lost her mother. At the time she could not believe that her mother was dead, and her husband had to withhold her forcibly from 'taking her right out of the casket.'"

Here are some of the entries from the record:

May 1. "Went on a little spree with the patient" (i.e., swan-boat in Public Garden and luncheon at New England Kitchen! Perilous dissipation!).

May 3. Now "doesn't mind the sight of the razor at all; can have it on the mantelpiece, right near the comb."

May 7. Has done quite a big wash. First time for months. Is ready for the move to the country.

May 28. Writes a letter from Maine to

"Miss Clark, Outer Patients Society Service:

"You would not know me, I am looking so well. As long as I live I shall never forget what you have done for me. I thank you from the bottom of my heart."

December 6, 1907. The fear has been gone for months. Is well and happy. "Wants to be working or doing something all the time." Advised: "Now and then after finishing one thing and before taking up another, sit in a comfortable chair and relax, and think of some pleasant day you had this summer. Go out of doors if you get nervous and tend to rush. Write a list of things and cross them out one by one as you do them."

CLAY-MODELLING AS AN AID IN CURING DISEASE

A most interesting phase in the treatment of nervous cases is the clay-modelling class under the supervision of Miss Katherine Peabody. The idea of this work is to get the patient's mind off her own troubles and worries, to give her interesting and constructive work to do, and to surround her with the spirit of comradeship, of common and hopeful endeavour. I saw a group of women at work, and the things they were doing were not only interesting, but often beautiful. People are starved for want of creative outlet, and of beauty, and of the spirit of social camaraderie, as from want of material food. One of the members of the class, an ignorant Russian Jewish woman, has not only improved in health, but has showed quite an aptitude for the modelling work.

Another group of cases, and in some respects the most important of all, are the consumptives. Here the social and hygienic

DR. JOHN B. HAWES, OF BOSTON

DR. HAWES IS HEAD OF ONE OF THE SUBURBAN TUBERCULOSIS CLASSES CONNECTED WITH THE SOCIAL SERVICE

CAT.

factors are especially important. Most of the treatment of consumption is a matter of correcting home life, sleeping and eating habits. Not medicine or drugs, but human kindness and helpful suggestions are what are required.

CLASSES FOR CONSUMPTIVES

Several methods are used by the Social Service with tuberculous patients. A good deal depends on the patient, how ill he is, whether or not he has a family to support, and the problem of provision for the family while he is being treated. Thorough knowledge of all the conditions enables the Social Service to place the patient where, on the whole, he will do best. One may be sent to some one of the numerous hospitals and sanatoria which are now provided for the treatment of consumption, another may be referred to the district nursing association, another sent to a better climate. But the largest number of cases are looked after in a wholly new way, known as the "class" system, which has been evolved and devel-

oped by Dr. J. H. Pratt from the practice of a number of specialists in tuberculosis, Dr. Minor, Dr. Millet and others. For the first "class," which Dr. Pratt organised, Emmanuel Church of Boston furnished the money and provided the visiting nurse. Indeed, it was the success of this movement, in which the church and the doctor worked together, that suggested, in part, the organisation of the Emmanuel Movement, which I have already described. Out of Dr. Pratt's work have grown two tuberculosis classes under the direction of the Social Service Department.

Friendship, the human touch, is the basis of the class work. About twenty-five consumptives are grouped together. They meet, if able to get out at all, each week, in a pleasant room of the hospital. Here they report to Dr. Pratt, Dr. Hawes or Dr. Floyd, meet the visitor or nurse who has the cases in charge, and get acquainted with one another. I attended two such meetings of the classes, and it was really astonishing to observe the spirit which prevailed. Each pa-

tient came in with the little record book which he is required to keep. This record contains the week's history, how many hours each day out of doors, how much milk taken, and particulars as to fever and coughing.

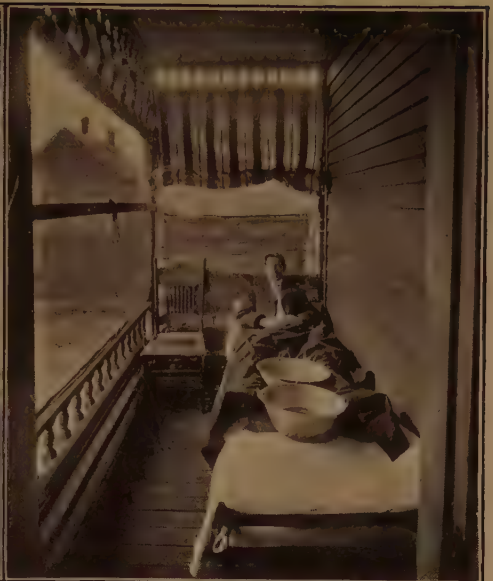
RIVALRY IN MILK-DRINKING AND FLESH-GAINING

"The class meeting," says Dr. Pratt, "is a pleasant social hour for the members. One confided to the friendly visitor that the meeting was her weekly picnic. Made up as our membership is, of widely different races and different sects, they have a common bond in a common disease. A fine spirit of camaraderie has been developed. They never discuss their symptoms and are almost invariably in good spirits. Frequently our graduates drop in at the meeting to get weighed and to greet their old associates. The members are weighed each week and their pulse and temperature taken by the friendly visitor, assisted by one of the senior members. The greatest gains in weight are posted conspicuously each week on the blackboard, and

the member who remains out of doors the greatest number of hours during the month has his record exhibited. One patient was out of doors 706 hours in a month, an average of nearly twenty-three out of the twenty-four. Some of the sickest members gain this distinction. The favourable cases that are making rapid progress toward recovery infuse a spirit of hope into all."

The class method is an attempt to reach and cure the patient in his own environment, among his own friends. In many cases when a patient goes to a hospital, where the surroundings are ideal, he learns nothing about living at home, under hostile hygienic conditions, where he must live when he is discharged from the hospital. The result is that many a man has gone home after his hospital treatment only to sink back into the old diseased conditions. By the new method, the home life itself is revolutionised, and the patient practically cures himself—under the advice of the physician and the nurse. Thus a patient who "graduates" from the class cured—and a large propor-

A DEVICE USED BY ONE OF THE MEMBERS OF THE TUBERCULOSIS CLASS FOR SLEEPING OUT OF DOORS



SEEKING FRESH AIR UNDER DIFFICULTIES—THE PANS ARE SET TO CATCH WATER FROM A LEAKY ROOF

tion of them do graduate—has not only shaken himself free from a dreadful disease, but he has had a profound moral lesson in the care and control of his own life in the environment which he cannot well escape.

Not all consumptives are admitted to the classes. To help save himself a patient must, in the first place, have a good deal of backbone and perseverance. He must also live in a house where there is a yard or veranda or flat roof, where he can sleep out of doors; he must also have the means to buy plenty of good plain food, extra milk, oil and eggs. He must also be able to rest completely.

CONSUMPTION CURED AT HOME

When a patient is admitted to a class, the social worker or nurse at once visits and studies the home conditions, directs the construction of an out-of-door platform or tent where the patient may sleep, looks after the food supply, and often, where the family is poor, helps in solving some of the more difficult problems. Sometimes tents and cots

are provided outright. There being only twenty-five members in a class, the social worker can visit all the families often, give them friendly advice and encouragement, and see that the patient is caring for himself properly. Each week, as soon as the patient is able, he comes to the classes at the hospital, where he gets further advice and inspiration. It is really a very wonderful human work: not charity, but the encouragement of the sick man to cure himself. Rare enthusiasm prevails among both doctors and nurses; they have the great satisfaction of getting surprising results in a common-sense, human and inexpensive way: not an institution, but a friend!

I wish I had room here to tell of some of the specific cases in the classes, and of the real heroism of perseverance exhibited by the patients and their families. Some of them are very poor and can only accomplish the results desired by making sacrifices all around. But it works! And the idea has spread from Boston until there are now twenty-three classes organised in various

parts of the country. So successful has been the class method that Dr. Cabot believes it will be applied ultimately to many other common and chronic diseases, such as dyspepsia, neurasthenia, heart disease.

EDUCATING PEOPLE TO STAY CURED

The idea, indeed, of carrying knowledge from the hospital into the haunts of common life, is already in practise in the Social Service Department. It is recognised that a patient must not only be cured, but *kept cured.* Many times every year patients are discharged from the hospitals, still weak, only to fall ill again.

"Some months ago," says Dr. Cabot, "a baby, whose digestion had been upset as a result of improper food given it by an ignorant mother, was taken into our wards, fed and nursed into convalescence at a cost to the hospital of twenty to thirty dollars, and then discharged into the care of the same untutored mother, who gave it the same fare and soon reduced it to the same plight as before. Later the hospital admitted the

child again and went through the same trouble and expense, to say nothing of the suffering and danger to the child."

One of the important functions of the Social Service is to visit homes to which convalescent patients are about to return and see that suitable conditions exist. I went with Miss Cannon on a number of such visits. In one case, that of a Jewish family living in a tenement, a child was soon to come home from the hospital. Miss Cannon explained to the willing mother and daughters just what they must do to keep the child well: that it must not be allowed to sleep in the dark stuffy back bedroom, but by the open window, it must have such and such food, and so on and so on. In short, the hospital, after curing the child, educates the family. And the visitor returns again and again to see that her instructions are really being carried out.

HELPING UNFORTUNATE GIRLS

I come now to one of the most important and deep-reaching human activities of the

FRESH AIR IS SOUGHT IN BACK YARDS, EVERY ADVANTAGE BEING TAKEN, EVEN IN THE POOR DISTRICTS, TO GIVE THE CLASS-MEMBER HEALTHFUL SURROUNDINGS

Social Service, the really wonderful work of Mrs. Hodder.

"No one," says Dr. Cabot, "who has not worked in the woman's department of a hospital and seen the miserable plight of an unmarried girl when she learns that she is to have a child, can realise how much she needs, and needs *at once,* the advice and help of the right sort of a woman. The average physician can do nothing for her, and is seldom able even to direct her to the best source of help. The task is hard enough under any conditions. For a busy out-patient physician it is entirely impossible.

"Yet I do not see how we have any *right* to let such girls drift. Many of them are not hopeless cases, and we are responsible for them as much as anyone is; responsible, at any rate, for directing them to the best available source of help. To do nothing for them is, in itself, to assume a responsibility comparable to that of the physician who, because he does not himself do any surgery, turns away *untreated* an ignorant street urchin with a toy-pistol wound in his hand.

"Very few of these girls are prostitutes; some of the girls who come to us differ very little morally from the average 'respectable' man or woman. They are simply less fortunate; yet they find themselves suddenly branded as outcasts, sinners, and disreputable women. If their condition is made known, family and friends hiss shame and reproach at them. Hence such a girl is usually unwilling to tell her mother what has happened, and is, therefore, all the more pitifully cut off from the ordinary sources of sympathy, advice and guidance, all the more in need of help from without."

From forty to sixty such pitiful cases come to the hospital every year; and many of them are referred to the great-hearted sympathy of Mrs. Hodder. I wish I could tell here the life stories of some of the cases as I have heard them, and of how Mrs. Hodder has dealt with them, bringing them out of black despair, leading them through their trouble, often becoming the intermediary between the girl and her friends, sometimes bringing about a happy marriage, sometimes

breaking off evil relationships. All this is done not by shutting the girl up in an institution, but by encouraging her in every way to meet her problem face to face, to live her life, and to snatch moral victory out of moral failure. If there was ever Christian work in the world, this is it.

No one of the methods used by the Social Service Department of the Massachusetts General Hospital is wholly new. All these various forms of activity are being employed by other individuals or benevolent organisations. What is new in Dr. Cabot's idea is the application of all this machinery of human helpfulness to the work of a hospital—the extension of the sphere of influence of the medical profession from *mere bodily healing to the treatment of the whole man.* And that is a great new idea.

NOT CHARITY, BUT A FRIEND

And the purpose of the department is not to dispense charity at all, for Dr. Cabot does not believe that such activities should be regarded as in any sense charities. A

poor consumptive treated in a hospital is receiving no maudlin charity; in treating him, society is only doing its *duty,* in one way its selfish duty, for it is *paying for its own protection.* As long as any individual is tuberculous, society is tuberculous.

"Hospital work has now begun to be thought of not as charity," says Dr. Cabot, "but as *public work*—work called for by the public, and therefore demanding the best we have to give."

And yet one of the most important activities of the Social Service Department has been to keep in touch with and use the almost innumerable agencies and societies in Boston which help to perform the duty of man to man. Having access to the records of the Associated Charities, they can often check up their own records and come to a more complete understanding of cases in which the patient has received charity in the past year. By applying immediate intelligence, they are able to bring charitable agencies at once into touch with men and women who need help; for one of the great difficul-

A ROOF IS OFTEN CHOSEN BY THE SOCIAL WORKER FOR SLEEPING QUARTERS FOR MEMBERS OF THE CLASS

ties in the proper dispensation of charity lies in the fact that the needy person often cannot find the particular charity which is intended for cases like his. A single example will suffice.

STORY OF A CONSUMPTIVE SCOT

On August 12, 1907, a consumptive Scot came to the department from Maine. He had been in a sanatorium until his total savings were reduced to $50. Treatment in a tuberculosis class was suggested, but this was obviously too expensive for a man with a wife and two children. What was to be done? Under the old system, he would have left the hospital, and who knows what would have become of him and his family? Under the new system, inquiry showed that the patient had relatives in Scotland who were able and willing to care for him, provided his transportation were paid. All things considered, this appeared the best solution, and the departmet set itself to the work of getting his passage money. Here is the re-

port, showing the persevering efforts of the Social Service in the case:

1. He was a member of the Granite Cutters' Union, and to them we applied for help. This was refused because the Granite Cutters had been told that the Scots' Charitable Society would care for all Scotchmen.

2. To the Scots' Charitable Society we accordingly applied and obtained $15 toward our patient's passage money.

3. He was a Mason, and to the Masonic order we next went. The Masons refused any help because they were not sure that he was a Mason, though he had papers from the Masonic orders in Scotland and in Maine. We wrote to the Masonic order in Maine, but obtained no answer.

4. We applied to the Devens Fund through Laurence Minot, Esq., and obtained $25.

5. From the Boston Provident Association we received $10 and some clothes.

6. We next tried the British consulate and were referred to the British Charitable Association, who obtained for our patient

half-price tickets to Liverpool (the equivalent of a contribution of $37.50).

7. Dr. F. W. Peabody, one of the hospital internes, begged $12.50 to pay the fare from Liverpool to Aberdeen.

8. Meantime the patient's baggage had been in storage at the wharf where he landed from Maine. By a letter to the manager of the Eastern Steamship Company we obtained free storage for this baggage till the date of his departure for Scotland.

Meantime, through a "benevolent individual," we obtained fresh eggs for the family, and through the Children's Aid Society a baby carriage, that the baby might be kept outdoors; but the baby got sick and had to be cared for at the Massachusetts Infant Asylum till the family sailed.

All this took just sixteen days. Since the patient arrived in Scotland happy letters have come from him. He seems to be very well off.

So much for the new work. It has been highly successful, attracting the attention of earnest medical men from every part of

the country; indeed, Social Service departments have now been established in a number of the most progressive hospitals of America, notably Bellevue and the Presbyterian hospitals and the Vanderbilt Clinic in New York, Johns Hopkins University Hospital in Baltimore, and the University of Pennsylvania Hospital in Philadelphia.

HEALTH NOT A PRIVATE BUT A PUBLIC CONCERN

Such fine new work is significant in many ways of our changing outlook upon life. It is the eager reaching out of the medical profession to do more work and do it more unselfishly. It is an effort to treat disease *socially,* rather than *individually.* It illustrates the tendency toward the growth in strength of the great departments of health in our States and cities, and of the great hospitals—and the relative decline in influence of the private practitioner. It recognises the fact that health is not a mere private concern, but essentially a public matter.

It is significant, also, that the doctor, in

SEVEN "GRADUATES" OF THE TUBERCULOSIS CLASS, TAKEN IN FEBRUARY, 1907—EVERYONE STILL WELL

reaching out toward greater and better things, finds himself face to face with two gargantuan enemies: poverty and ignorance. Traced back, a large proportion of all diseases lead to one or both of those causes. And while the doctor reaches them from one side, the church is undermining them at another, the schools at another, the socialists and political reformers at still another. We are all being driven to a belief in the essential unity of men: the fundamental idea of democracy. Out of the chaos of the present spiritual unrest that tremendous idea is slowly shaping itself: firing every man who sees it with new inspirations and new enthusiasms. We see that we must step together, that a spot on one of us, whether of disease, or ignorance, or poverty, is a spot on all; that we cannot progress as individuals, but only as we bring along with us "the fatherless and widows in their affliction." They also belong in our democracy, in which no one can be moral until all are moral, and none happy until all are happy.

22.R.80.
New ideals in healing, 1909
Countway Library ANL8417
3 2044 045 193 810

DATE DUE

8 FEB 75 CLM

DEMCO 38-297

22.R.80.
New ideals in healing, 1909
Countway Library
ANL8417
3 2044 045 193 810